IMMUNIZATION REGISTRY FOCUS GROUP STUDY

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Bilingual Hispanic Higher education
Tucson, Arizona
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SECTION 1: GENERAL IMMUNIZATIONS AND HEALTHCARE

I. Prevention

Diseases mentioned:

- Polio
- AIDS
- Asthma
- E. coli
- Diabetes
- Cancer
- Hepatitis

II. Immunization

A. Reasons not to get vaccinated

- Fear of side effects
- Trauma for the child
- Misinformation
- The belief that the illness was eradicated

B. Reasons to get vaccinated

- To avoid getting ill
- So child will not be as ill if he or she contracts the disease

C. Ways parents are reminded of vaccine schedule

- Public announcements (radio and television)
- Reminder calls or letters from doctors and/or clinics
- Keeping the immunization record card given at the birth of children
- Vaccination campaigns like those in Mexico (radio, television, billboards, newspapers, loud speaker trucks driving through neighborhoods)
- Reminders from schools

• Reminders from insurance companies

D. Methods of easier tracking

- PSAs about when to get vaccines
- State should give free vaccinations
- Put announcement in newspaper
- A reminder system
- Reminder from doctor (i.e., a phone call or letter)

SECTION 2: IMMUNIZATION REGISTRIES

I. Initial reactions to the idea of a registry

Positive reactions:

- Registries will provide for retrieval of information when other records are lost.
- The registry would simplify the record-keeping process.
- It will centralize information. (Note: Respondents said this was important for families that move around.)
- The registry would prevent vaccinating a child twice for the same disease.

Negative reactions/concerns:

- Parents who do not want to vaccinate their children may feel discriminated against
- Information will not be confidential.
- Information might be registered incorrectly.

Other concerns:

- Would the registry include adults as well as children?
- Who will have access to the registry?
- What is the cost for the individual and for the taxpayer?

II. Content of the registries

Initial reactions to the type of information typically in a registry

- Bilingual respondents were less apprehensive and noted fewer concerns than the less educated monolingual respondents.
- Respondents suggested that the following information be included in the registry:
- Drug allergies and possible cross-reactions
- Name of the person who administered the vaccination
- Names of both father and mother

Reactions to including home address and phone number

- Most respondents felt this information was important so they could receive information and reminders.
- A few respondents said they preferred to be contacted only by mail, not by phone.

C. Reactions to including parent or child Social Security number

- Most respondents felt this information would eliminate confusion among children who have the same names.
- Many respondents felt that having the SSN on file would be helpful in case of emergency.

Reactions to including healthcare members enrollment (WIC, Medicaid numbers)

- Respondents were positive about including Medicaid numbers as similar information is already noted there.
- They did not comment about WIC.

III. Access

Who should have access

- Doctors
- Emergency personnel
- Parents
- Day care and school administrators (for emergencies)
- Insurance companies
- When probed about researchers and insurance companies having access, there was generally little concern among respondents.

Who should not have access

• Bilingual respondents were not as concerned as monolingual respondents about the possibility of the registry providing information to former spouses.

C. Reactions to idea of linking registry by computer to other health information systems

• In general participants were positive about this idea, but expressed concern about accuracy and "linking too many systems."

IV. Consent and Inclusion

Reactions to "opting out" option

- Respondents liked having a choice about the registry.
- They felt this was the best plan for children because it made the process somewhat difficult for parents who wanted to exclude their children.
- Respondents said this option protected children if information was lost in the mail.

Reactions to "consent" option

• Respondents said that this option was less likely to protect children whose parents might not respond due to neglect or forgetfulness.

C. Reactions to "automatic" option

- Most respondents disliked this option. They said it would make them feel mandated to be in the registry and that they had no choice.
- Respondents said, however, that this option would ensure the safety of their children.

SECTION 3: WRAP UP AND CLOSING

I. Most important benefit(s) of registries

- Fast, easy access when information has been lost or a child changes doctors
- Warnings about adverse reactions
- Education of parents about immunizations
- Convenience

- Reduced possibility of receiving the same vaccine twice
- Reminders of when vaccines are due

II. Greatest concern(s)/biggest risk(s)

- The possibility that information in the registry will be incorrect
- Breaches of confidentiality
- Technological failures (e.g. Y2K computer problems)
- Liability for parents who do not want to vaccinate their children
- Possible denial of medical benefits for those who may choose not to vaccinate their children
- Respondents express little concern when probed about custodial, government, and immigration issues.

III. Influence of healthcare provider in decision to participate in a registry

• About half of the respondents said that their physicians' advice would not influence their decisions to enroll in the registry.

IV. Suggestions/comments to people who are responsible for how system works

- The registry is a very good idea. Make sure the information is accurately updated. Parents should have access to registry information at all times.
- It's very convenient for everyone. It's easier to follow up on vaccinations. I hope we get it sometime.
- I would like for you to make sure that information is put in accurately so no mix-ups will occur in the future.
- The list should be comprehensive and constantly updated. Parents should have access and hard copies should be provided.